

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/019470** | FILING DATE _____
APPLICANT(S) _____

CLAIMS

CLM #	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS			10			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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